



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

MAR 12 2009

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Dr. Christian Boettcher
Regulatory Compliance Officer
S & C Polymer
Silicon- und Composite
Spezialitäten GmbH
Robert-Bosch- Strasse 5
D-25335 Elmshorn
GERMANY

Re: K083062
Trade/Device Name: Root Canal XR
Regulation Number: 21 CFR 872.3820
Regulation Name: Root Canal Filling Resin
Regulatory Class: II
Product Code: KIF
Dated: February 23, 2009
Received: February 25, 2009

Dear Dr. Boettcher:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

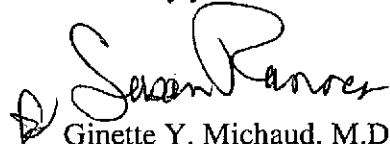
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at 240-276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at 240-276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Ginette Y. Michaud", with a stylized initial "G" and "M".

Ginette Y. Michaud, M.D.

Acting Director

Division of Anesthesiology, General Hospital,

Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

9. Statement of Indication for Use

510(k) Number (if known):

K083062

Device Name:

Root Canal XR

Indications for Use:
root

System for cleansing, sealing and filling of
canals consisting of 3 products:

Concerned products:

Canal Cleaner:

Canal Cleaner is a carbamide-peroxide
and EDTA-containing gel in syringes for
use in the effective cleansing of the root
canal during root canal preparation.

DC Canal Seal SE:

DC Canal Seal SE is a simple to use self-
etching dual cure sealer for conditioning
of root canals and for sealing of side
tubuli.

DC Root XR:

DC Root XR is a dual cure flowable root
canal sealing and filling material based on
methacrylates.

All directions and all labels are marked with

Caution: Federal Law restricts this device to sale by or on the order of a
dentist - For dental use only

Concurrence of CDRH, Office of Device Evaluation (ODE)



(Division Sign-Off)

Division of Anesthesiology, General Hospital
Infection Control, Dental Devices

510(k) Number:

K083062

Prescription Use: ☒

or

Over-The-Counter Use